

DEPARTMENT OF PUBLIC SAFETY
DIVISION OF FIRE AND LIFE SAFETY
LIFE SAFETY INSPECTION BUREAU
5700 E. Tudor Road
Anchorage, Alaska 99507
Phone: (907) 269-5637 | Fax: (907) 269-5018
Email: amy.noket@alaska.gov

OFFICIAL USE ONLY

Date Issued _____
Permit # _____

APPLICATION FOR FIRE SYSTEM PERMIT (REPLACEMENT)

(Authority 13 AAC 50.035)

*Date: _____

Please print clearly or type the following information: (*) Required Field

*Applicant **Legal:** First Name, M.I., Last Name, and Suffix

*Date of Birth: MM/DD/YY

*Valid DL Number & *State Issued

*Home Phone Number

E-mail Address

*Mailing Address (*Residential*): City, State, and Zip Code

*Employer Name (*if applicable*)

*Employer Phone Number

*Employer Address: City, State, and Zip Code

*Reason for requesting replacement: ☐ Misplaced ☐ Lost ☐ Stolen ☐ Damaged

Presently there is no charge for these permits.

I certify that the information supplied is true and accurate.

*Applicant Signature

*Date

ALL APPLICATIONS ARE PROCESSED WITHIN 30
BUSINESS DAYS UPON RECEIVING A COMPLETE
PACKET. MISSING INFORMATION WILL DELAY THE
PROCESSING OF YOUR APPLICATION.

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DATE RECEIVED IN OFFICE